

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52	X					
3							53	X					
4							54	X					
5							55	X					
6							56		0		0		2
7							57		0		0		2
8							58		0		0		2
9	X						59		0		0		2
10							60	X					
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19	X						69						
20	X						70		2		2		
21	X						71						
22	X						72						
23							73						
24							74						
25							75		2		2		2
26							76						
27	X						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83	1		1			
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.	1		1		2	
TOTAL DEP.	42		31				TOTAL DEP.	46		35		61	
TOTAL CLAIMS			33				TOTAL CLAIMS			36		63	